

**Public Health – Seattle & King County
Influenza (Flu) Vaccine Registration and Consent**

Information about the person who will receive flu vaccine (Please print)

Last Name	First Name	Mid Initial	Birthdate	Age	Sex
Address: Street		City	State	Zip Code	Phone

Ethnicity (Please check one): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Declined
Race (Please check all that apply): ☐ Asian ☐ Black or African American ☐ Native American/Alaska Native
☐ Pacific Islander/Hawaiian Native ☐ White/Caucasian ☐ Declined

Do you need an interpreter? ☐ **Yes** ☐ **No** **Primary language:** _____

Please answer the questions listed below for the person receiving the vaccine.

	YES	NO
1. Does the person have an allergy to eggs, latex, or thimerosal (a chemical preservative)?		
2. Has the person ever had a reaction to influenza (flu) vaccine?		
3. Is the person pregnant?		
4. Does the person have personal or religious beliefs that prevent them from eating pork?		

"I have been given a copy and have read or have had explained to me the information in the Vaccine Information Statement for influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and request that the influenza vaccine be given to me or to the person named below for whom I am authorized to make this request.

X _____ **DATE:** _____
 Signature of person receiving vaccine (or person authorized to make request--PARENT OR GUARDIAN)

 Signature of Interpreter **DATE:** _____

COMMENTS: _____

OFFICE USE ONLY - INFLUENZA VACCINE ADMINISTRATION RECORD

Vaccine given (Check below)	Vaccinator initials	Age/Group	Mfr & Lot # (Circle lot#)	Dose	Route and Site of Injection	CDC Vaccine Information Statement
		6-35 months <i>Prefilled syringe</i>	Sanofi Pasteur UT4176BA	0.25 ml	IM (circle site)	Inactivated Influenza Vaccine 7/26/11
		6-35 months <i>Multi-dose vial</i>	Sanofi Pasteur UH463AB UH467AB UH476AB UH477AB UH477AD	0.25 ml	RT LT	
		3 years through adult <i>Multi-dose vial</i>		0.5 ml	RD LD	
		4 years through adult, special groups <i>Prefilled syringe</i>	Novartis 11032P 11132P	0.5 ml		